MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05679

5667

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 CHESTERTOWN
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 KENT + QUEEN ANNE'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN 37
STREET ADDRESS (If rural give location) 409 WASHINGTON AVE 1

3. NAME OF DECEASED: (First) WILLIAM (Middle) ANTHONY (Last) BELL

4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~. (Specify):

8. DATE OF BIRTH: JAN 21, 1875

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER-RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S. BORN

13. FATHER'S NAME: JOHN BELL

14. MOTHER'S MAIDEN NAME: ELIZABETH CROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

15. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Louise Crow Bell HOSPITAL RECORDS Chestertown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1955, to June 7, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 6:15 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Chestertown, Md. DATE SIGNED 6-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 10, 1955 — NAME OF CEMETERY OR CREMATORY Shrewsbury Cemetery — LOCATION (City, town, or county) (State) Locust Grove, Kent Co. Md.

DATE REC'D BY LOCAL REGISTRAR June 10-1955 — REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR Marvin V. Williams — ADDRESS Chestertown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

05680

MARYLAND 5678

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall | LENGTH OF STAY (in this place) All my life | MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Piney Neck.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Piney Neck.

3. NAME OF DECEASED (Type or Print): (First) S (Middle) Arnold (Last) Bryden.

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 30 1883

9. AGE last birthday: 69 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing

11. BIRTHPLACE (State or foreign country): Piney Neck Rock Hall, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Singleton Thomas Bryden.

14. MOTHER'S MAIDEN NAME: Mary Hadley Arnett.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY No.: 220-28-1097

17. INFORMANT AND ADDRESS (Wife): Mrs Jennie W. Bryden Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: Unknown

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954, to June 13, 1953, that I last saw the deceased alive on June 11, 1953, and that death occurred at 2 A.M. m., from the causes and on the date stated above.

SIGNATURE Robert C. Nutter (Degree or title) ADDRESS Rock Hall DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 15 1953 | NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery | LOCATION (City, town, or county) (State): Rock Hall Maryland

DATE REC'D BY LOCAL REG. June 14 1953 | REGISTRAR'S SIGNATURE S. Elwood Bunger | 24. FUNERAL DIRECTOR: Marion C. Williams - Chestertown, Md. | ADDRESS

5668

MARYLAND STATE DEPARTMENT OF HEALTH

05681

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jeffrey	Leroy	Coleman	June	2	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 29, 1955	yrs.		4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
INFANT		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James L. Coleman	Emily Sue Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Hosp. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
768.5 Immediate cause	(a) Pulmonary infection	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-29, 1955, to 6-2, 1955, that I last saw the deceased alive on 6-2, 1955, and that death occurred at 12-05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. C. Dick	M.D.	Chestertown, Md	6-2-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 2 1955	Chester Cemetery	Chestertown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 2-1955	Clara L. Barnes	Marvin V. Williams	Chestertown, Md

2055392372

05682

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5679

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Md

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	Henry	Davis		June	13	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White		Mar 4 1876	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Waterman		Rock Hall	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leo W. Davis	Rosa Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Rhoda Davis Rock Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cerebrovascular	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 1, 1955, to June 13, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert C Mitch		Rock Hall	

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	6/16/55	Wesley Chapel	Rock Hall	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/16/55	B. Elwood Burgess	Edgar L. Lane	Rock Hall Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05683

5669

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) 15 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Chas~~ Sudlersville, Md
STREET ADDRESS (If rural give location) ¼ miles west of Sudlersville, Md

3. NAME OF DECEASED: (Type or Print) (First) BABY GIRL (Middle) (Last) DICKERSON

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: June 19, 1955

9. AGE last birthday ____ yrs. IF UNDER 1 YEAR Months ____ Days ____ IF UNDER 24 HRS. Hours ____ Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ____

10B. KIND OF BUSINESS OR INDUSTRY: ____

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Spencer Dickerson

14. MOTHER'S MAIDEN NAME: Clara Bessie Cain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ____

17. INFORMANT & ADDRESS: James Dickerson, Sudlersville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7776 IMMEDIATE CAUSE (A) Premature delivery - about 24 weeks DUE TO — INTERVAL BETWEEN ONSET AND DEATH 15 minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ____ DUE TO

(C) ____

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ____

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION ____

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ____

22. I hereby certify that I attended the deceased from 6/19, 1955, to 6-19, 1955, that I last saw the deceased alive on 6-19, 1955, and that death occurred at 3:08 M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Chestertown Md DATE SIGNED 6-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-19-55 | NAME OF CEMETERY OR CREMATORY Mt. Zion | LOCATION (City, town, or county) (State) Caroline Co. Md.

DATE REC'D BY LOCAL REGISTRAR June 19-1955 | REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Family ADDRESS Sudlersville, Md.

20652/13220
VS. A15—10-53

05684

MARYLAND

5680

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tolchester | LENGTH OF STAY (in this place) I day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tolchester Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 2963 KESWICK Rd.

3. NAME OF DECEASED (Type or Print): (First) Wm. (Middle) H. (Last) Dodd

4. DATE OF DEATH (Month) (Day) (Year): 6/4/55 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: II/27/I883

9. AGE last birthday: 7I yrs. | If under 1 year: Months. Days | If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipyard Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Dodd

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: 213-09-3144

17. INFORMANT AND ADDRESS: Sarah V. Dodd 2963 Keswick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary Thrombosis — Interval Between Onset and Death: Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic coronary artery disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify ~~that I attended the deceased~~ from ..... 19 ..... to ..... 19 ..... that I last saw the deceased ~~alive on~~ ..... 19 ..... ~~, and~~ that death occurred at 3 [illegible] p.m., from the causes and on the date stated above.

SIGNATURE Willard F. Smith MD (Degree or title) ADDRESS Rock Hall, Md DATE SIGNED 6/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE June 7 1955 | NAME OF CEMETERY OR CREMATORY Wunderwright Mem. Park. | LOCATION (City, town, or county) Davey Md. (State)

DATE REC'D BY LOCAL REG. June 6, 1955 | REGISTRAR'S SIGNATURE C. M. Hedrick Jr. | 24. FUNERAL DIRECTOR Paul E. Schemmerhorn 36(5-47) | ADDRESS Chestertown

05685

5670

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kentland Inman Annex

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown R 1
STREET ADDRESS (If rural, give location) Fairlee

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Gale

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 1, 1877

9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pennell Jester

14. MOTHER'S MAIDEN NAME: Racheal VanTrump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: don't know

17. INFORMANT AND ADDRESS: Arthur Jester Stevensville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized circulatory collapse — Interval Between Onset and Death: 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia, — 6 days

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1955, to 6-1, 1955, that I last saw the deceased alive on 6-1, 1955, and that death occurred at 5:55 p m., from the causes and on the date stated above.

SIGNATURE: W. W. Sick (Degree or title) M.D. ADDRESS: Chestertown Md DATE SIGNED: 6-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 6/4/55 | NAME OF CEMETERY OR CREMATORY: St. Paul's Cem. | LOCATION (City, town, or county) (State): near Chestertown, Md.

DATE REC'D BY LOCAL REG.: June 4 1955 | REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells | ADDRESS: Chestertown, Md.

05686

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5671 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 CHESTERTOWN
LENGTH OF STAY (in this place) 12 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 KENT & QUEEN ANNE'S

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY QUEEN ANNE'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SUDLERSVILLE R.F.D.
STREET ADDRESS (If rural give location) Rural ✓

3. NAME OF DECEASED: (Type or Print) (First) MEDFORD (Middle) B. (Last) GRAHAM
4. DATE OF DEATH: (Month) JUN (Day) 22 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: FEB 23, 1886
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10B. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: PHILIP GRAHAM
14. MOTHER'S MAIDEN NAME: ANN HARMOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: MARGARET GRAHAM - SUDLERSVILLE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

587.0
IMMEDIATE CAUSE (A) CARDIAC FAILURE — 1 HR
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ACUTE HEMORRHAGIC PANCREATITIS — 24 HRS
DUE TO
(C) POST-OP: LAPAROTOMY, CHOLECYSTECTOMY with drainage.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: FEB 22, 1955
19B. MAJOR FINDINGS OF OPERATION: ACUTE HEMORRHAGIC PANCREATITIS CHOLECYSTITIS & CHOLELITHIASIS
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.22, 1955 to 6.22, 1955, that I last saw the deceased alive on 6.22, 1955, and that death occurred at 11½ PM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Chestertown, Md DATE SIGNED 6.23.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Jun. 25, 1955
NAME OF CEMETERY OR CREMATORY: Crumpton Cem.
LOCATION (City, town, or county) (State): Crumpton Queen Anne County Md.

DATE REC'D BY LOCAL REGISTRAR: June 28-1955
REGISTRAR'S SIGNATURE: Clara S. Barnes,
24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 05687

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: KENT — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington

LENGTH OF STAY (in this place): all life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Kent

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Millington, Md.

STREET ADDRESS (If rural, give location): Riley's Neck

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) OSCAR (Last) GROVES

4. DATE OF DEATH (Month) June (Day) 8, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Widowed	Aug. 7 1899	55 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Road Work	Millington, Kent Co, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eugene Groves	Frances Lawrence

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	213-[illegible]470	Alverta Hall (sister) Millington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Asphyxia due to aspiration of chicken meat — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home	21c. (City or town, (County) (State) Millington, Maryland
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/8/55 10:30 a M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Aspirated chicken meat

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: [signature] M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 6/9/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 12/55	Greys Chapel-Riley Neck	Millington, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 11, 1955	Edward Fellows	Marvin V. Williams,	Chestertown, Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05688

5672

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown; LENGTH OF STAY (in this place) 27; HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Kent & Queen Anne's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington X; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED. (Type or Print) (First) SHARON (Middle) E (Last) JOHNSON

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Baby.

8. DATE OF BIRTH: May 16, 1955

9. AGE last birthday yrs. 34 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Baby.

11. BIRTHPLACE (State or foreign country): Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Reginald Johnson

14. MOTHER'S MAIDEN NAME: Violet Jefferies

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Violet Jefferies Millington Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5719 IMMEDIATE CAUSE (A) Congenital deformity (Prematurity) DUE TO — INTERVAL BETWEEN ONSET AND DEATH 3 hrs. approx.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Prematurity (6 months) DUE TO

(C) Enteritis one day.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1955 to June 18, 1955, that I last saw the deceased alive on June 17, 1955, and that death occurred at 2 P. M, from the causes and on the date stated above.

SIGNATURE Ora Rowlett M. D. ADDRESS Millington DATE SIGNED 6.18.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/18/55

NAME OF CEMETERY OR CREMATORY Millington Cem.

LOCATION (City, town, or county) (State) Millington Md.

DATE REC'D BY LOCAL REGISTRAR June 21-1955

REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS Edward Pellow Millington Md.

VS. A15—10-53

20552023 IV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (15689)

5682

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rock Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED. (Type or Print) (First) GEORGE (Middle) ELLSWORTH (Last) LEARY

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (write): Married | 8. DATE OF BIRTH: May 15 1884 | 9. AGE last birthday 71 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine Rail-way

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer E. Leary

14. MOTHER'S MAIDEN NAME: Bessie Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) T (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-10-7887

17. INFORMANT & ADDRESS: Geo. Leary Jr. Rock Hall Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Coronary disease — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 1952 to June 21, 1955, that I last saw the deceased alive on June 1 , 1955, and that death occurred at 5 A M, from the causes and on the date stated above.

SIGNATURE Willard F. Smith M. D. ADDRESS Rock Hall DATE SIGNED 6/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 23 | NAME OF CEMETERY OR CREMATORY Wesley Chapel | LOCATION (City, town, or county) Rock Hall (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/23/55 | REGISTRAR'S SIGNATURE Dilwood Burgess | 24. FUNERAL DIRECTOR Edgar L. Lane - Church Hill Md. ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05690

5683

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BETTERTON
LENGTH OF STAY (in this place) 57 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CAROLINE (Middle) LEITENBERGER (Last) WHITE

4. DATE OF DEATH: (Month) 6 (Day) 28 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): WIDOW

8. DATE OF BIRTH: 12/16/1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PHILADELPHIA, PA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: MICHAEL LEITENBERGER

14. MOTHER'S MAIDEN NAME: ELIZABETH AVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS CHARLES RICE, BETTERTON, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Complete heart block — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Coronary occlusion — 4 days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of head of pancreas & jaundice

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to June, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE Florence Stevenson Joyce M. D. ADDRESS Wrenton, Md DATE SIGNED 6/29/55

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (SPECIFY) BURIAL — DATE THEREOF JULY 1, 1955 — NAME OF CEMETERY OR CREMATORY STILL POND CEMTY — LOCATION (City, town, or county) (State) STILL POND, MD.

DATE REC'D BY LOCAL REGISTRAR 6/30/55 — REGISTRAR'S SIGNATURE E Kennard Jones

24. FUNERAL DIRECTOR D. R. FELLOWS — ADDRESS STILL POND, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05691

MARYLAND 5684

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Kent | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall | MARYLAND LENGTH OF STAY (in this place): 3 yrs. | HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rock Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: Kent | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall | STREET ADDRESS (If rural, give location): Rock Hall

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) Ella (Last) Lynch

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: (Month) August (Day) 24 (Year) 1881 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kent County, Delaware | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George W. Hayes

14. MOTHER'S MAIDEN NAME: Virginia Coppage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Willis Colvin Lynch - Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17 × Immediate cause (a) Pulmonary Oedema

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomata of Breast Metastasis (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: (Month) April (Day) 1 (Year) 54 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 19 54, to June 10, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 3 A.M. m. from the causes and on the date stated above.

SIGNATURE: M. D. [illegible] (Degree or title) | ADDRESS: Rock Hall | DATE SIGNED: June 16 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 13 1953 | NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery | LOCATION (City, town, or county) (State): Rock Hall, Kent Co. Maryland

DATE REC'D BY LOCAL REG.: June 13/53 | REGISTRAR'S SIGNATURE: S Elwood Burgess

24. FUNERAL DIRECTOR: Marvin V. Williams | ADDRESS: Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05692

5673

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent + Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 27
STREET ADDRESS (If rural give location) 205 Cannon St. 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MERCHANT

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 6-20-55

9. AGE last birthday yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 17 Min. 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10B. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Norman Pyle Merchant

14. MOTHER'S MAIDEN NAME: Lillian Eliz. Giles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) + No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Father - 205 Cannon St Chestertown

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0 IMMEDIATE CAUSE

(A) Cerebral Damage

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral Anoxia

DUE TO (C) Prolonged + Difficult Breech Birth

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1955 to 6-21, 1955, that I last saw the deceased alive on 6-21, 1955, and that death occurred at 10:25 PM, from the causes and on the date stated above.

SIGNATURE Raymond M. Atkins, M. D. ADDRESS Chestertown DATE SIGNED 6-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF June 22, 1955 NAME OF CEMETERY OR CREMATORY Ceulton Am. LOCATION (City, town, or county) Ceulton (State) Cecil Co. Md.

DATE REC'D BY LOCAL REGISTRAR June 23-1955 REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington, Md.

VS. A15—10-53

2-65282 U16

05693

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5685

CERTIFICATE OF DEATH

Reg. Dist. No. 20.1

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Worton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural- Worton X
STREET ADDRESS — (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LOUISA MYERS (Last) SOLLOWAY

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 9/26/1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent Co Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: JOHN CHRISTIAN MYERS

14. MOTHER'S MAIDEN NAME: ANNA MARGARET REESE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) /

16. (If Yes, give war or dates of service) —

17. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: ANNA M. MYERS - Worton, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3 IMMEDIATE CAUSE (A) Pneumonia — 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Pulmonary Edema — 5 days

DUE TO (C) Anasarca — 1 month

Chronic Cardiac decompensation — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uremia — 1 month

19A. DATE OF OPERATION: /

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1954, to June, 1955, that I last saw the deceased alive on June 3, 1955., and that death occurred at 4:55 PM, from the causes and on the date stated above.

SIGNATURE E. Lorenz Derrickson Joyce M. D. ADDRESS Worton, Md DATE SIGNED 6/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF JUNE 5, 1955

NAME OF CEMETERY OR CREMATORY CHESTER CEMTY

LOCATION (City, town, or county) (State) CHESTERTOWN, MD.

DATE REC'D BY LOCAL REGISTRAR 6/3/55

REGISTRAR'S SIGNATURE E Leonard Jones

24. FUNERAL DIRECTOR B. R. FELLOWS ADDRESS STILL POND, MD.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05694

5674

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH.
COUNTY: Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown
MARYLAND
LENGTH OF STAY (In this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown 37
STREET ADDRESS (If rural give location): 205 Water St 1

3. NAME OF DECEASED (Type or Print): First: Leonore Middle: Wilmer Last: Stam

4. DATE OF DEATH: (Month) (Day) (Year): 6/7/1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Jan. 3, 1889

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Drug Store -

10B. KIND OF BUSINESS OR INDUSTRY: Part owner

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. B. Wilmer

14. MOTHER'S MAIDEN NAME: Ada Leonore Jessop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-22-9158

17. INFORMANT & ADDRESS: Mrs. J. B. Whitworth Chestertown Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

466X

IMMEDIATE CAUSE — (A) Generalized circulatory collapse — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSE (S) — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Thromboses cerebral arteries — DUE TO — 5 months

(C) Thrombosis left internal carotid artery 8 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 5-23-55

19B. MAJOR FINDINGS OF OPERATION: Excessive cerebrospinal fluid; pallor and shrinking of brain.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to 6-7, 1955 that I last saw the deceased alive on 6-7, 1955, and that death occurred at 11:55 M, from the causes and on the date stated above.

SIGNATURE: A. L. Sick M.D.
A. ADDRESS: Chestertown, Maryland
DATE SIGNED: 6-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6/9/55
NAME OF CEMETERY OR CREMATORY: Chester Cem.
LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR: June 9-1955
REGISTRAR'S SIGNATURE: Clara L. Barnes,

24. FUNERAL DIRECTOR: J. Willis Wells -
ADDRESS: Chestertown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05695

5675

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 CHESTERTOWN.
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent & Queen Anne's.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LYNCH. X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) (Last) STRAGUZZI

4. DATE OF DEATH: (Month) JUN (Day) 28 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV 9 1882

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: PATRICK BONNER

14. MOTHER'S MAIDEN NAME: CANNON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service: NO

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: ROSARIO STRAGUZZI, LYNCH, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

58. X

IMMEDIATE CAUSE (A) Ruptured Gall-Bladder — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLEROTIC HEART DISEASE

19A. DATE OF OPERATION: 6.26.55

19B. MAJOR FINDINGS OF OPERATION: NECROTIC GALLBLADDER & ABSCESS

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 23, 1955, to Jun 28, 1955, that I last saw the deceased alive on Jun 28., 1955, and that death occurred at 10:50 PM, from the causes and on the date stated above.

SIGNATURE Chas L. Barnes M. D. ADDRESS CHESTERTOWN, Md DATE SIGNED 6 28 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 7/2/55

NAME OF CEMETERY OR CREMATORY: Chester Cem.

LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR: June 29-1955

REGISTRAR'S SIGNATURE: Chas L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells

ADDRESS: Chestertown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05696

5676

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) R.F.D. " 2

3. NAME OF DECEASED: (Type or Print) (First) Betty Louise (Middle) (Last) THOMPSON

4. DATE OF DEATH: (Month) (Day) (Year) Jun 27, 1955

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH: Jun. 23, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 4 Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chestertown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Haywood Thompson

14. MOTHER'S MAIDEN NAME: Sarah Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Haywood Thompson Chestertown, Md. R.FD. 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 763.5

(A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Prematurity 860 gms at birth

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1955, to June 27, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE Florence Dewyer Joyce M. D. ADDRESS Worton DATE SIGNED 6/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jun. 28, 1955

NAME OF CEMETERY OR CREMATORY Fairlee (col.)

LOCATION (City, town, or county) (State) Fairlee - Kent Co. Md.

DATE REC'D BY LOCAL REGISTRAR June 27-1955

REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5677

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:
COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 CHESTERTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 KENT + QUEEN ANN'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STILL POND X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H. (Last) TURNER

4. DATE OF DEATH: (Month) JUNE (Day) 24, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 25, 1896

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAIL CARRIER

10B. KIND OF BUSINESS OR INDUSTRY: U.S. POST OFFICE

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: DYRONIA TURNER STILL POND, MD.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Acute pulmonary edema	1 hour
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Coronary thrombosis	one year
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. hypertension		3 years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19—, to June 24, 1955, that I last saw the deceased alive on June 24, 1955, and that death occurred at 7:35 P M, from the causes and on the date stated above.

SIGNATURE Florence Deringer Joyce M. D. ADDRESS Worton, Md DATE SIGNED 6/28/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) BURIAL

DATE THEREOF JUNE 30, 1955 NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY LOCATION (City, town, or county) STILL POND (State) MD.

DATE REC'D BY LOCAL REGISTRAR June 29-1955 REGISTRAR'S SIGNATURE E. Kennard Jones

24. FUNERAL DIRECTOR B.R. FELLOWS ADDRESS STILL POND, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING